

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/583 009

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
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22		4		/		
23		4		/		
24		4		/		
25		4		/		
26	/		/			
27		/		/		
28		2		/		
29		0		/		
30		0		/		
31		0		/		
32		0		/		
33		0	/			
34		0		/		
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36		0		/		
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46		0		/		
47		0	/			
48		0		/		
49		0		/		
50		0		/		
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.	↓	9	↓		↓	
TOTAL DEP.	←	42	←		←	
TOTAL CLAIMS		51				